

JUGULAR VEIN CANNULATION – EXTERNAL

INDICATIONS:

- To establish IV access in critical adult and pediatric patients when unable to establish peripheral IV access.

EQUIPMENT:

- Iodine preparation (Betadine, Iodophor).
- Large gauge (#16 or #18) intravenous cannula.
- IV fluid and tubing.
- Adhesive tape.

PROCEDURE:

- Place patient in supine position.
- Elevate shoulders on rolled towel or sheet and suspend head and neck in hands of assistant.
- Turn patient's head 45° to 60° to one side.
- Cleanse venipuncture site with iodine preparation.
- Stimulate the pediatric patient to cry to cause engorgement of the vessel.
- "Break" the syringe; check needle for patency.
- "Tourniquet" the vein with forefinger just above the clavicle, midclavicular line.
- Stabilize skin over vein with thumb.
- Puncture skin midway between angle of the jaw and midclavicular line, at a shallow angle. Align the needle and syringe in the direction of the vein, with the point aimed at the ipsilateral shoulder. Advance cannula and remove needle and syringe.
- Maintain compression on the vein continuously with forefinger until cannula is completely inserted, needle has been removed, and IV tubing is connected. This keeps a closed system and prevents the possibility of air entering the vein.
- Release tourniqueting finger and adjust IV flow to desired rate.
- Secure IV site.

NOTES:

- **Maximum two attempts permitted using one side only.**
- **Monitor for air embolism, catheter embolism, hematomas, or infiltration.**
- **Remove IV cannula immediately if a hematoma or infiltration occur and apply direct pressure until bleeding stops (approximately 5 minutes).**